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| | |
|------------------------|------------------|
| Application Number | 10/560,085 |
| Filing Date | May 16, 2006 |
| First Named Inventor | Valerie Frankard |
| Art Unit | Unknown |
| Examiner Name | Not Yet Assigned |
| Attorney Docket Number | 4669-061529 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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